

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000104504

1. Entity Name
W.A. LANDERS COMPANY



Principal Place of Business
**1001 ARBOR LAKE DRIVE
APT 604
NAPLES, FL 34110**

Mailing Address
**1001 ARBOR LAKE DRIVE
APT 604
NAPLES, FL 34110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
73-0557980

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLASP, INC.
3001 TAMiami TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name **Charles R. Gehrke**

Street Address (P.O. Box Number is Not Acceptable)

5129 Castello Drive, Suite 1

City **Naples**

FL

Zip Code
34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CHARLES R. GEHRKE

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LOEFFLER, WALTER
1001 ARBOR LAKE DRIVE APT 604
NAPLES, FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LOEFFLER JR, WALTER B
1001 ARBOR LAKE DRIVE APT 604
NAPLES, FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOEFFLER, MARGARET A H
1001 ARBOR LAKE DRIVE APT 604
NAPLES, FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (239) 254-8316

Date

Daytime Phone #

CR20034 (10/02)